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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP☐ WAIT☐ MAIL

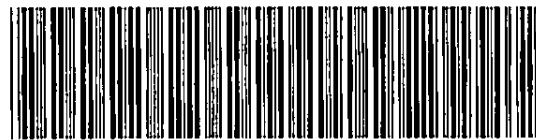
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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WP7-78226

W17-073814



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 2, 2017

KEITH SAND
9 FAIRGREEN AVE.
NEW SMYRNA BCH., FL 32168

SUBJECT: S&S SUPERIOR CLEANING "LLC"
Ref. Number: W17000078226

We have received your document for S&S SUPERIOR CLEANING "LLC" and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You must insert the title or capacity of person(s) authorized to manage this limited liability company above the name(s) and address(es) listed. Such titles may include: Manager (MGR), Authorized Member (AMBR), Authorized Person (AP), or Authorized Representative (AR).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

DANIEL L O'KEEFE
Regulatory Specialist II

Letter Number: 517A00019876

RECEIVED
17 OCT 12 PM 3:20
BUREAU OF COMMERCIAL
INFORMATION SERVICES

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: S&S Superior cleaning "LLC"
Name of Limited Liability Company

The enclosed Articles of Organization and fees are submitted for filing.

Please return all correspondence concerning this matter to the following:

Keith Sand
Name of Person

S&S Superior cleaning "LLC"
Firm/Company

9 FAIRGREEN AVE
Address

NEW Smyrna Beach, FL 32168
City, State and Zip Code

Keith.Sand@YAHOO.COM
E-mail address (to be used for future annual report notification)

For further information concerning this matter, please call:

Keith Sand at 317 370-6299
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- ☐ \$125.00 Filing Fee ☐ \$130.00 Filing Fee & Certificate of Status ☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed) ☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address
New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address
New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

S & S Superior Cleaning "LLC"

(Must contain the words "Limited Liability Company," "LLC," or "L.C.")

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

Mailing Address:

9 Fairgreen Ave
New Smyrna Beach
FL, 32168

9 Fairgreen Ave
New Smyrna Beach
FL, 32168

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

Keith D Sand
Name

9 Fairgreen Ave
Florida street address (P.O. Box NOT acceptable)

New Smyrna Beach FL, 32168
City State Zip

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S.

KD Sand
Registered Agent's Signature (REQUIRED)

(CONTINUED)

17 OCT 12 AM 5:14
NOTARIZED

ARTICLE IV -

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:

"AMBR" Authorized Member

"MGR" Manager

MGR

MGR

MGR

Name and Address:

XUTING pang
9 Fairgreen Ave
New Smyrna Beach, FL 32168

Keith Sand
9 Fairgreen Ave
New Smyrna Beach, FL 32168

Keith Sand
9 Fairgreen Ave
New Smyrna Beach, FL 32168

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records

ARTICLE VI: Other provisions, if any

REQUIRED SIGNATURE:

Signature of a member or an authorized representative of a member.

This document is executed in accordance with section 605.0203 (1)(b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Keith Sand

Typed or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)